MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10482

File No. 791

Registered No. 3092

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City ..... (No. 5042 Lotus Ave St. ..... Ward)

2. FULL NAME Johannah Keller

(a) Residence. No. 5042 Lotus ave St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: George Keller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30 1848

7. AGE — Years: 78 | Months: 7 | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER: M. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER: Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: Mrs. Minnie Williams
(Address) 5042 Lotus ave

15. FILED MAR 30 1927 Mary C. Starcopf REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 28 1927, to Mar 30 1927, that I last saw h.er alive on Mar 30 1927, and that death occurred, on the date stated above, at 10.35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8 12
Cerebral Hemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1940 1
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Jos. R. Hamlin, M. D

3/30, 1927 (Address) 1259 N. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Quincy Ill. — DATE OF BURIAL: April 2 1927

20. UNDERTAKER: Philander Craig — ADDRESS: 1235 N. Kingshighway